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ABSTRACT

These instructional guidelines contain information for school systems and teachers in Maryland to assist them in preparing to deliver instruction on Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) prevention to students. The instruction is appropriate to the age, intellectual development, maturity, and curiosity of the students. The goal of the guidelines is to help design instruction that educates students in a systematic and consistent manner about AIDS, its modes of transmission, prevention, and social ramifications. The guidelines, developed by the Interagency Committee on AIDS Education, were prepared for Maryland public school districts. A continuing theme in the material presented is the validity of instructing students that abstinence from sexual intercourse and intravenous drug use is the best method of AIDS prevention. Another major theme is the need for parent and community involvement in curriculum development and implementation because of the controversial nature of certain aspects of AIDS education. Five major sections make up the guide: curriculum development, instructional guidelines (organized by three grade ranges--grade 3-6, 6-9, and 9-12), school staff training, parent awareness, and resources. Each set of Instructional Guidelines is entitled "Unit on Communicable Diseases Including AIDS Prevention" contains: brief goals, subgoals, instructional expectancies and a list of recommended vocabulary on communicable diseases. A copy of Maryland Prevention Bylaw mandating that all school systems implement AIDS instruction, were developed by the Interagency Committee on AIDS Education. Public Law 100-202 which references particular issues surrounding AIDS prevention is included. (IAH)

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# AIDS PREVENTION

## Guidelines For Schools

**INTERAGENCY COMMITTEE ON AIDS EDUCATION**

**MARYLAND STATE DEPARTMENT OF EDUCATION**

**and**

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

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# AIDS PREVENTION EDUCATION

## Instructional Guidelines for Schools

### INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) is a health problem that is having a profound effect upon society. The Centers for Disease Control and the Surgeon General of the United States have indicated that the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, is the number one health problem affecting this nation. No cure or effective treatment for AIDS exists, and it appears that education about the disease is the principal mechanism for preventing the spread of this fatal disease. According to the booklet entitled, *AIDS and the Education of Our Children, A Guide for Parents and Teachers*, published in 1987 by the U.S. Department of Education, "Education has played an important part in the battle against AIDS, and it must continue to do so." Surgeon General C. Everett Koop states that "education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus."

In cooperation with the Maryland Department of Health and Mental Hygiene, the Maryland State Department of Education has been involved in an effort to assist local school systems in implementing AIDS prevention education within comprehensive health education programs. The Interagency Committee on AIDS Education has been working in this effort since April 1986. An AIDS prevention education instructional materials packet was distributed to all school systems in August 1986. A second packet of updated materials was mailed to all local school systems in December 1987. Future packets will be assembled and distributed as long as the epidemic continues and new, pertinent information is available.

The Interagency Committee on AIDS Education has prepared these Instructional Guidelines on AIDS Prevention Education to support implementation of the Maryland State Board of Education bylaw on AIDS Prevention Education. The guidelines contain information that may be useful for school systems and teachers as they prepare to deliver instruction that is appropriate to the age, intellectual development, maturity, and curiosity of their students. **It is essential that the message be conveyed to youth that abstinence from sexual intercourse and intravenous drug use is the surest prevention for HIV/AIDS.** The goal of any HIV/AIDS instruction should be to educate students in a systematic and consistent manner about the disease, its modes of transmission, prevention, and its social ramifications. These guidelines are designed to achieve that goal.

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## CURRICULUM DEVELOPMENT

On March 30, 1988, the Maryland State Board of Education adopted an AIDS Prevention Education bylaw that mandates that all local school systems implement instruction on AIDS prevention. Prior to developing curriculum on AIDS prevention, it is recommended that school administrators review both the AIDS Prevention Education Bylaw (COMAR 13A.04.15) and the Family Life and Human Development Bylaw (COMAR 13A.04.01). Each of these items contains information that may be useful in developing curriculum on AIDS prevention. Additional information can be found in the U.S. Department of Education's publication *AIDS and the Education of Our Children, A Guide for Parents and Teachers and in the Morbidity and Mortality Weekly Report, (MMWR)* published by Centers for Disease Control, (CDC) in the article titled "Guidelines for Effective School Health Education to Prevent the Spread of AIDS." School systems should also be aware of Public Law 100-202 which references particular issues surrounding AIDS prevention education. A copy of that law appears in the appendix. In an effort to assist local school systems with this task, the following guidelines are presented.

### Community Involvement

Due to the nature of the disease and the fact that most cases of HIV are transmitted through sexual contact, AIDS prevention education may be controversial. In order to preclude some of the objections often raised about AIDS prevention education and the controversial nature of the concepts to be taught, the Maryland State Board of Education has mandated community involvement. An advisory committee should be identified that would broadly represent the views of the community. It may not be necessary to appoint a new committee for this purpose if an existing committee (such as the Family Life and Human Development Program Citizen's Advisory Committee) is willing to assume this responsibility. Representatives on this advisory committee must include educators, local health department personnel, parents of children enrolled in public school programs, and other citizens in the community.

**The functions of the Advisory Committee may include:**

a. assess the health needs and interests of the students and of the community-at-large regarding AIDS prevention;
b. review policies and curricula from other school systems and those published in professional journals;
c. identify community resources;

d. make recommendations for curriculum, policy, and/or program development;
e. review proposals for program implementation/revision;
f. provide assistance to schools in program implementation (i.e. serve as a resource, assist in organizing parent meetings);
g. periodically review and evaluate programs and curricular materials; and
h. make recommendations for program modification.

Many issues must be addressed in implementing an AIDS prevention education curriculum. Some of those issues that could be considered by the advisory committee are:

a. In which grades will instruction take place at each of the three levels?
b. Where will instruction on AIDS prevention be included in the existing curriculum (e.g. health education, science, physical education, or other classes)?
c. Will the instruction be in large or small groups?
d. Will outside speakers participate in the program? If so, what will the process be for selecting or approving such speakers?
e. Will there be an individual within each school to whom students can go with questions about the disease after instruction on AIDS prevention?
f. How will information about AIDS prevention be provided to parents and other members of the community?
g. What kind of instruction -- inservice or otherwise -- will be provided for teachers and other school personnel?
h. How specific will instruction be on especially sensitive issues and at what grade levels will this content be placed (e.g., use of condoms)?
i. Who will preview and examine instructional resources and materials to determine age-appropriateness?

**Medical Information**

AIDS prevention education can only be effective if accurate and current medical information is included in the curriculum. Medical research is documenting new information about HIV at such a rapid pace that it is difficult to remain current. Local school systems seeking to develop curriculum depend upon the medical community to provide reliable information. The Maryland State Board of Education recognizes the need for school systems and health departments to work cooperatively to provide students with the most up-to-date information on HIV. It is essential that health department personnel with expertise in AIDS prevention be included on the advisory committee and that the

local school system utilize their expertise in developing the curriculum. While the actual writing of the curriculum should be done by school personnel, most educators feel that the medical community should be involved in determining the accuracy of the information, helping with in-service training programs for teachers, and in assisting the schools with staff development and parent education on AIDS prevention.

Including accurate medical information within the AIDS prevention curriculum is essential, but facts alone will not reduce the spread of HIV. Depending on the age of the student, facts may instill fear, initiate discussion and questions, or simply be boring. The goal of any instruction on AIDS prevention should be not only to inform students of the facts about HIV, but also to integrate the information about healthy behaviors and personal responsibility into a broader context of learning. Comprehensive school health education provides the optimal learning situation for instruction about health. Through comprehensive school health education, students are encouraged to apply what they learn and to discuss these important issues with their parents, family, and friends. It is only through this sharing and application of knowledge that the HIV epidemic will be abated.

**School-Community Relations**

Schools alone cannot prevent the spread of HIV. Parents, teachers, the clergy, health care providers, and, in fact, the entire community must assume responsibility for developing healthy behaviors in young people to prevent the spread of this virus. While parents, school staff, and students might be embarrassed and uncomfortable with the subject matter, it is absolutely necessary to recognize and address these feelings and concerns if the program is to be meaningful and the health of all students is to be protected.

School systems should work with community groups, parents, and the media to inform the public about the AIDS prevention curriculum. Prior to implementing the curriculum, an opportunity should be provided for the public to communicate their suggestions and concerns to the local board of education. The public has a right to know what is being done in public schools, and providing them with the opportunity to have input may dispel some of the misconceptions about what the program will include. It is imperative that a curriculum aimed at saving lives not be jeopardized by attempts to put it into place without community input.

Even if appropriate procedures are followed in implementing AIDS prevention curricula, some parents and others who do not agree that such intimate issues should be discussed in school may still express opposition. Many systems already have policies that address the teaching of controversial issues.

Such policies could be adapted to handle questions regarding the AIDS prevention curriculum while affirming the rights and responsibilities of parents.

**Parental Option to Excuse Student from Instruction**

COMAR 13A.04.15 permits students to be excused from the instructional unit on AIDS prevention upon a written request from their parents or legal guardians. Prior to instruction, school systems should provide information about the AIDS prevention curriculum to the parents or legal guardians of students in grades where instruction will occur. Such information may include a content outline, a listing of instructional materials, and/or projected timelines for implementation.

Due to the nature of the subject matter, some parents or guardians may prefer that their children not receive instruction on AIDS prevention in school. Local school systems must develop a procedure for parents and guardians to request that a child be excused from instruction. It is recommended that when school systems provide information about the AIDS prevention curriculum, they include a statement informing parents about this procedure. While collection of written parental permission is not required, a school system may elect this method of parent notification.

Parents or guardians who request that their children be excused from instruction on AIDS prevention should be encouraged to provide such instruction to their children. Where practical, curricular materials on AIDS prevention may be made available by the school system for home instruction. If a student is to be excused from classroom instruction on AIDS prevention, alternate health-related learning activities should be provided.

**AIDS Education for the Special Education Student**

Students with special needs must be provided education about AIDS prevention. Decisions concerning programs and services needed and provided to these students are made on an individual basis by Admission, Review, and Dismissal Committees. Therefore, decisions concerning provisions for specially-designed instruction in AIDS prevention education, the setting in which it will be taught, and other required modifications also should be made by the Admission, Review, and Dismissal Committee. These committees already exist in all school systems and are comprised of parents, teachers, and specialists who are most knowledgeable about student abilities and functioning levels. Many special education students may require only minor modifications in the regular curriculum and, therefore, may be able to receive AIDS prevention education within the general education program.

Care should be taken in the selection of school staff to implement the AIDS prevention curriculum with students who need specially-designed instruction. The school staff selected should be provided appropriate staff training on presenting information about HIV/AIDS to this population. Materials, resources, and techniques should be made available to assist teachers in designing appropriate programs. School staff must be particularly sensitive to concerns from parents about the participation of handicapped children in AIDS prevention education. Parent awareness about the information to be presented to their children will help to assure the success of AIDS prevention education for handicapped students.

## INSTRUCTIONAL GUIDELINES

The Interagency Committee on AIDS Education has prepared the following instructional guidelines for AIDS prevention education for each of the three schooling levels addressed in COMAR 13A.04.15. These guidelines are designed to reflect the Maryland health education curricular framework. The goals and subgoals are taken directly from that document. AIDS prevention education is part of Goal Seven that addresses disease prevention and control and should be included in a unit on communicable diseases. These guidelines are presented to assist local school systems in their development of AIDS prevention curricula. However, in accordance with COMAR 13A.04.15, curriculum development and implementation of AIDS prevention education is left solely to each local school system.

### Integration Into Subject Areas

The most appropriate curriculum and subject area for the inclusion of AIDS prevention education is comprehensive health education. Those school systems with a comprehensive health education curriculum could plan to include AIDS prevention in the unit on disease prevention and control. School systems that do not yet have comprehensive health education must select the units and subject area for integration of AIDS prevention education from the following:

**ELEMENTARY**

*DISEASE PREVENTION AND CONTROL*
*PERSONAL HEALTH*
*INTERPERSONAL RELATIONSHIPS*
*FAMILY LIFE AND HUMAN DEVELOPMENT*
*MENTAL HEALTH*
*SOCIAL STUDIES*
*SCIENCE*

**SECONDARY**

**Health**

*CONSUMER HEALTH*
*DISEASE PREVENTION AND CONTROL*
*COMMUNITY HEALTH MANAGEMENT*
*MENTAL HEALTH*
*SEXUALITY AND FAMILY LIFE*
*DRUG ABUSE PREVENTION*

**Home Economics**

*SEXUALITY AND FAMILY LIFE*
*CHILD DEVELOPMENT*
*CONSUMER EDUCATION*
*COMMUNITY SERVICES*
*DECISION MAKING*

**Science**

*RESEARCH PROCESS/SCIENTIFIC METHODS*
*CELLS*
*GENETIC MUTATION*
*MICROORGANISMS: Virus*
*Infectious Disease*
*HUMAN SYSTEMS: Circulatory*
*Immune Response*
*Reproductive System*

**Social Studies**

*SOCIOLOGY: Group Dynamics*
*FAMILY LIFE*
*ECONOMICS: Insurance, Health Care*
*POLITICAL SYSTEMS:*
*Public Policy*
*COMMUNITY SERVICES*
*CONTEMPORARY ISSUES*

**INSTRUCTIONAL GUIDELINES**

**COMPREHENSIVE HEALTH EDUCATION**

**Unit on Communicable Diseases Including AIDS Prevention**

**Grades 3-6**

**Goal**: *To develop and apply knowledge of disease, methods for prevention and control, and effects on the individual, family, and society.*

**Subgoal 1**: *Identify communicable and non-communicable diseases and describe their causes and characteristics.*

**Instructional Expectancies**

*The learner:*

*1.1 identifies common illnesses and diseases;*
*1.2 differentiates between communicable and non-communicable disease;*
*1.3 identifies HIV/AIDS as a communicable disease;*
*1.4 cites common disease producing agents;*
*1.5 describes the ways that disease and infection are and are not spread;*
*1.6 explains how the body fights infection;*
*1.7 discusses the role of the body's immune system against disease.*

**Subgoal 2**: *Describe measures for the prevention, treatment, and control of disease.*

**Instructional Expectancies**

*The learner:*

*2.1 describes the concept of healthy and unhealthy behavior;*
*2.2 identifies healthy behaviors;*
*2.3 cites several unhealthy behaviors and their relationship to illness and disease;*
*2.4 suggests ways to minimize exposure and reduce chances of infection;*
*2.5 develops a plan for staying healthy.*

**Subgoal 3**: *Evaluate effects of disease on the individual, the family, and society.*

**Instructional Expectancies**

*The learner:*

*3.1 describes how individuals, families, and society can promote and maintain good health and prevent disease;*

*3.2 discusses how lack of accurate information can lead to anxiety, uncertainty, and fear;*

*3.3 describes the influence fear has on how people act toward one another; and*

*3.4 identifies as a misconception that HIV/AIDS is easily spread through casual contact.*

**Subgoal 4**: *Explore roles and responsibilities of health agencies at local, state, and federal levels.*

**Instructional Expectancies**

*The learner:*

*4.1 identifies public and private health-related agencies responsible for the prevention, treatment, and control of disease;*

*4.2 explores responsibilities of public and private agencies in the prevention of HIV/AIDS.*

**Recommended Vocabulary for Grades 3-6 on Communicable Diseases**

*AIDS(Acquired Immune Deficiency Syndrome)*
*agent*
*bacteria*
*behavior*
*communicable*
*contagious*
*control*
*disease*
*health*
*HIV(Human Immunodeficiency Virus)*
*hygiene*
*illness*
*immune system*
*immunization*
*infection*
*non-communicable*
*prevention*
*sickness*
*spread*
*treatment*
*virus*

**INSTRUCTIONAL GUIDELINES**

**COMPREHENSIVE HEALTH EDUCATION**

**Unit on Communicable Diseases Including AIDS Prevention**

**Grades 6-9**

**Goal**: *To develop and apply knowledge of disease, methods for prevention and control, and effects on the individual, family, and society.*

**Subgoal 1**: *Identify communicable and non-communicable diseases and describe their causes and characteristics.*

**Instructional Expectancies**

*The learner:*

*1.1 distinguishes among the types of infectious agents;*
*1.2 defines the terms HIV and AIDS;*
*1.3 describes the immune system;*
*1.4 describes the action of HIV on the immune system;*
*1.5 describes what may happen to a person who becomes infected with HIV physically, emotionally, intellectually, socially, and spiritually;*
*1.6 describes how HIV is and is not transmitted.*

**Subgoal 2**: *Describe measures for the prevention, treatment, and control of disease.*

**Instructional Expectancies**

*The learner:*

*2.1 cites reasons why it is important to know about HIV/AIDS;*
*2.2 identifies high-risk behaviors for contracting HIV;*
*2.3 suggests healthy lifestyle behaviors that will prevent transmission of HIV;*
*2.4 describes current medical information regarding prevention and treatment of HIV and AIDS;*
*2.5 compares HIV to other sexually transmitted diseases in terms of risk, prevention, intervention, treatment, and individual rights;*
**2.6 explains why abstinence from sexual intercourse and intravenous drug use are the most effective means of preventing HIV.**

**Subgoal 3:** *Evaluate the effects of disease on the individual, the family, and society.*

**Instructional Expectancies**

*The learner:*

*3.1 describes ways that individuals, families, and society can promote and maintain healthy lifestyles and prevent disease;*

*3.2 examines a variety of media messages about HIV/AIDS;*

*3.3 describes societal responses to disease;*

*3.4 describes how morals, ethics, and attitudes influence the opinions of people and their responses to HIV/AIDS.*

**Subgoal 4:** *Explore roles and responsibilities of health-related agencies at local, state, and federal levels.*

**Instructional Expectancies**

*The learner:*

*4.1 identifies public and private health-related agencies responsible for the prevention, treatment, and control of disease;*

*4.2 identifies school and community sources of accurate information and support regarding HIV/AIDS;*

*4.3 describes responsibilities of public and private agencies in the prevention of HIV/AIDS.*

**Recommended Vocabulary for Grades 6-9 on Communicable Diseases**

*AIDS(Acquired Immune Deficiency Syndrome)*
**abstinence**
*agent*
*antibody*
*antigen*
*bacteria*
*body fluids*
*communicable*
*condom*
*contagious*
*ethics*
*HIV(Human Immunodeficiency Virus)*
*hemophiliac*
*high-risk behavior*
*immune system*
*immunization*
*infection*
*intervention*
*intravenous drug use*
*media*
*monogamy*
*morals*
*non-communicable*
*opportunistic infections*
*prevention*
*sexual intercourse*
*sexually transmitted*
*transfusion*
*transmission*
*treatment*
*virus*

**INSTRUCTIONAL GUIDELINES**

**COMPREHENSIVE HEALTH EDUCATION**

**Unit on Communicable Diseases Including AIDS Prevention**

**Grades 9-12**

**Goal:** *To develop and apply knowledge of disease, methods for prevention and control, and effects on the individual, family, and society.*

**Subgoal 1:** *Identify communicable and non-communicable diseases and describe their causes and characteristics.*

**Instructional Expectancies**

*The learner:*

*1.1 defines the terms HIV and AIDS and describes the disease;*
*1.2 explains how HIV is transmitted;*
*1.3 identifies ways that HIV is not transmitted;*
*1.4 describes the epidemiology of HIV;*
*1.5 describes the symptoms of HIV and AIDS;*
*1.6 identifies various opportunistic diseases associated with HIV/AIDS;*
*1.7 compares HIV/AIDS to other sexually transmitted diseases in terms of risk and transmission.*

**Subgoal 2:** *Describe measures for the prevention, treatment, and control of disease.*

**Instructional Expectancies**

*The learner:*

*2.1 cites reasons why it is important to know about HIV/AIDS and its prevention;*
*2.2 explains how the body's immune system works;*
*2.3 explains how HIV affects the immune system;*
*2.4 identifies conditions that are necessary for the survival of HIV;*
*2.5 describes behaviors that place individuals at risk for contracting HIV;*
*2.6 identifies current medical information regarding prevention and treatment of HIV/AIDS;*
**2.7 states ways to prevent the spread of HIV/AIDS, emphasizing abstinence from sex and drugs.**

**Subgoal 3**: *Evaluate effects of disease on the individual, the family, and society.*

**Instructional Expectancies**

*The learner:*

*3.1 analyzes societal responses to HIV/AIDS;*

*3.2 explains the rights and responsibilities of individuals in relation to disease;*

*3.3 discusses the social, moral, and technical issues surrounding HIV/AIDS;*

*3.4 explores the impact of sexually transmitted diseases and HIV/AIDS on individual and societal behaviors;*

*3.5 discusses the economic impact of HIV/AIDS on the individual, family, and society.*

**Subgoal 4**: *Explore roles and responsibilities of health-related agencies at local, state, and federal levels.*

**Instructional Expectancies**

*The learner:*

*4.1 explores responsibilities of public and private agencies in the prevention, treatment, and control of disease;*

*4.2 identifies reliable community resources for individuals who are concerned that they may have contracted HIV because they participated in high-risk behaviors;*

*4.3 identifies reliable resources in the community for the individual infected with HIV;*

*4.4 explains the testing procedures for HIV infection and identify local testing sites;*

*4.5 discusses responsibilities of public health-related agencies to preserve individual rights while protecting the health of the community.*

## Recommended Vocabulary for Grades 9-12 on Communicable Diseases

*AIDS(Acquired Immune Deficiency Syndrome)*
**abstinence**
*antibody*
*antigen*
*asymptomatic carrier*
*AZT,Azidothymidine*
*bisexual*
*body fluids*
*Candidiasis*
*communicable*
*condom*
*epidemiology*
*ethics*
*hemophiliac*
*heterosexual*
*high-risk behavior*
*HIV(Human Immunodeficiency Virus)*
*homosexual*
*immune system*
*incubation*
*intervention*
*intravenous drug use*
*Kaposi Sarcoma*
*monogamy*
*morals*
*non-communicable*
*opportunistic infection*
*perinatal transmission*
*PCP(Pneumocystic Carinii Pneumonia)*
*semen*
*sero-positive*
*sexually transmitted*
*societal*
*T cells*
*Thrush*
*transfusion*
*transmission*
*vaginal secretions*
*virus*

## SCHOOL STAFF TRAINING

HIV/AIDS is an issue that has an impact on the entire community and the total school population. Every school system employee should receive an awareness program on HIV/AIDS and should have an opportunity to have questions about HIV/AIDS answered. In addition, teachers providing AIDS prevention instruction to students must receive separate inservice education. Consultants with expertise in AIDS prevention from the local health department should be included in the design and implementation of the AIDS prevention program.

### Staff Awareness

As stated in COMAR 13A.04.15, all school system personnel are to be provided with information and/or an awareness program about HIV/AIDS and its prevention annually. Additionally, all school system personnel who may engage in contact tasks, as defined in the Maryland Occupational Safety and Health standard, need special training about personal protective equipment.

**A staff awareness program for all personnel should include:**

a. presentation of accurate and current information about AIDS;
b. use of consultants from the local health department, health service agencies, or research facilities to answer questions.
c. information regarding the recognition of contact tasks;
d. information on the location and proper use of protective clothing and equipment;
e. training on the appropriate removal, handling, cleaning, and disposal of contaminated clothing or equipment;
f. instruction about the appropriate reporting procedures to be followed in the event of personal exposure to blood or body fluids.

### Teacher Inservice

Each local school system should develop guidelines for the selection and training of the school staff responsible for providing instruction on AIDS prevention. Teachers who feel inadequately prepared or uncomfortable with the subject matter should not be assigned to teach this program. CDC's "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" recommends that, in the elementary grades, the regular classroom teacher deliver the AIDS Prevention instruction "because that person ideally should be trained and experienced in child development, age-appropriate teaching methods, child health, and elementary education methods and materials." Also, "the elementary teacher usually is sensitive to normal variations in child development and aptitudes."

The recommendation of CDC at the secondary school level is that health education teachers provide the instruction on AIDS prevention because of their "training and experience in adolescent development, age-appropriate teaching methods, adolescent health, and secondary health education methods." Where a qualified health educator is not available, teachers with "similar training and good rapport with students" should provide the instruction.

The teachers selected to implement AIDS prevention curriculum are the key figures to the success of the program. It is not an overstatement to say that teachers who are involved in the delivery of instruction on AIDS prevention may be saving student lives. Prevention of the spread of HIV is dependent on well-planned instructional programs that are implemented by effective teachers.

Some criteria to consider in selecting teachers who will implement the AIDS prevention program might include:

a. enthusiasm about AIDS prevention education;
b. successful completion of an inservice and/or college course on teaching AIDS prevention;
c. willingness to continue pursuing training in AIDS prevention education;
d. sincere, mature interest in the welfare of young people;
e. ability to communicate effectively with young people;
f. use of a variety of teaching strategies in the classroom;
g. understanding and acceptance of differences in personal values and ability to help young people objectively recognize value differences;
h. ability to create a classroom environment where students feel free to express opinions and ask questions that relate to the lesson;
i. ability to communicate well with parents.

COMAR 13A.04.15 requires that all school staff selected to teach AIDS prevention receive inservice education prior to initiating instruction with students and annually thereafter. Inservice training leading to curriculum implementation should include:

a. presentation of accurate and current information about AIDS;
b. use of consultants from the local health department, health service agencies, or research facilities to supply additional information and to answer questions;
c. presentation of activities to increase teacher comfort level with issues related to HIV/AIDS;
d. review of curriculum and discussion of the sequential and age-appropriate design of the school system instructional plan;
e. listing of current resources available in the community and discussion of how to use them;

f. discussion of services available within the school and school system and how to use them;

g. overview of school policies and teacher responsibilities regarding students who are HIV positive.

**In any instructional program dealing with human sexuality and drug abuse, it is the position of the Interagency Committee that the decision for abstinence from drug abuse and from sexual activity prior to marriage is physically, mentally, morally, and ethically the appropriate decision. Each teacher should understand that this message can and should be clearly communicated as part of any health education program. It should also be communicated at those times when the teacher has been asked a specific question concerning these topics.**

## PARENT AWARENESS

AIDS prevention education is the responsibility of parents as well as the local school system. To enable parents to discuss HIV/AIDS with their children in an informed manner, the local school system should provide an opportunity for them to receive accurate, up-to-date information about HIV/AIDS. It is recommended that consultants from the local health department take the lead in providing this instruction. Content for a parent awareness program should include:

a. presentation of accurate and current information about AIDS;

b. review of curriculum and discussion of the sequential and age-appropriate design of the school system instructional plan;

c. overview of school attendance policies for students and staff who are HIV positive;

d. presentation of strategies for parents to use when talking with their children about HIV/AIDS;

e. time in the program for questions and answers about HIV/AIDS;

f. listing of current resources available in the community.

## RESOURCES

Some information about HIV/AIDS continues to change rapidly as the medical community increases its research. Each year, in an effort to help local school systems to remain current, the Interagency Committee on AIDS Education has assembled instructional materials packets. Materials found in these packets represents what the Committee has identified as being the newest and most accurate information available for school programs. These packets are mailed to the central office of each local school system for review and approval of the instructional materials by the appropriate committee prior to their use by classroom teachers.

The Interagency Committee will continue to assemble instructional materials packets annually as long as information about HIV/AIDS is changing and school systems request new materials. However, the responsibility for current, accurate, and age-appropriate instructional materials is solely that of the local school system. It is recommended that local school systems, with the assistance of consultants from the local health department, review their existing materials and newly produced information on a regular basis, and select those materials which are most appropriate for students in their schools.

Partial text of:
Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1988
Public Law 100-202
Title 5, Section 514

(a) Notwithstanding the matter under the heading "Centers for Disease Control", none of the funds made available under this Act to the Centers for Disease Control shall be used to provide AIDS education, information, or prevention materials and activities that promote or encourage, directly, homosexual sexual activities.

(b) Education, information, and prevention activities and materials paid for with funds appropriated under this Act shall emphasize-
  (1) abstinence from sexual activity outside a sexually monogamous marriage (including abstinence from homosexual sexual activities) and
  (2) abstinence from the use of illegal intravenous drugs.

(c) The homosexual activity referred to in subsections (a) and (b) includes any sexual activity between two or more males as described in section 2256(2)(A) of title 18, United States Code.

(d) The illegal drugs referred to in subsection (b) include any controlled substance as defined in section 102(6) of the Controlled Substance Act (21 U.S.C. 802(6)).

(e) If the Secretary of Health and Human Services finds that a recipient of funds under this Act has failed to comply with this section, the Secretary shall notify the recipient, if the funds are paid directly to the recipient, or notify the State if the recipient receives the funds from the State, of such finding and that-
  (1) no further funds shall be provided to the recipient;
  (2) no further funds shall be provided to the State with respect to noncompliance by the individual recipient;
  (3) further payment shall be limited to those recipients not participating in such noncompliance; and
  (4) the recipient shall repay to the United States, amounts found not to have been expended in accordance with this section.

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The conferees agree that language contained in section 514 of the Act relating to AIDS education shall not be construed to prohibit descriptions of methods to reduce the risk of HIV transmission; to limit the eligibility for Federal funds of a grantee or potential grantee because of its non-Federally funded activities; nor shall it be construed to limit counseling or referrals to agencies that are not Federally funded.